

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6292</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Debra M Timko</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>8021 W. Tower Ave</u> City <u>Milwaukee</u> State <u>WI</u> ZIP Code + 4 <u>53223</u>	4. Name, file number, and address of labor organization. Name <u>SEIU Local 150</u> Labor Organization File Number <u>044565</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>8021 W Tower Avenue</u> City <u>Milwaukee</u> State <u>WI</u> ZIP Code + 4 <u>53223</u>
5. Position in labor organization. <u></u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Debra M Timko

On

8.12.05
Date

414.355.5150
Telephone Number

Name of Person Filing

Debra M Timko

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Previant Law FirmTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1555 N River Center Dr Suite 202City MilwaukeeState WI ZIP Code + 4 53212

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Union law firm

11.b. Approximate dollar value of such dealing.

\$ 40,000

12.a. Nature of interest held or income received.

2.4.04 dinner 58.00	8.31.04 drinks 11.00
3.2.04 dinner 35.00	8.27.04 dinner 27.00
4.3.04 lunch 15.00	12.1.04 lunch 24.50
4.25.04 drinks 5.00	12.2.04 drinks 28.00
5.25.04 drinks 21.00	

12.b. Amount.

224.50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



DEBRA TIMKO
President

JOANNE AUGSBURGER
Vice President

MICHAEL THOMAS
Treasurer

ETHEL GATES
Recording Secretary

EXECUTIVE BOARD

DONALD MORSCHAUER

DIANE RYAN

ANDRÉS SOUSA

CARRIE BUDAHN

CLAIBORNE HILL

CAROL VIAN

DELORES COPENING

ROBIN BLOSSFIELD

FLOYD CONARD

WALTER ORMES

SERVICE EMPLOYEES

INTERNATIONAL UNION

AFL-CIO, CLC

8021 W. Tower Ave.
Milwaukee, WI 53223-3215
414.355.5150
Fax: 414.355.6176



As I was not aware of the report and requirement for filing Form LM-30, for the period January 1, 2004 to December 31, 2004, and prior to that time, I have attempted in good faith to reconstruct such financial transactions or arrangements that may be determined to be reportable occurrences. As I do not have accurate records of such occurrences, some or several items may be unintentionally omitted from this report. The following represents my honest effort to reasonably estimate and report what I believe to be the necessary information. If, in the future, it comes to my attention that there is a matter which should have been reported for the calendar year 2004, I will file an amended Form LM-30.

8.12.05

Madison Area
148 E. Wilson Street
Madison, WI 53703
608.255.5211
Fax: 608.255.6068

Organizing Department
1.800.474.0820 Ext. 17

La Crosse/Wausau Area
1920 Ward Ave., Suite 1
La Crosse, WI 54601-6761
608.787.8835
Fax: 608.787.8836

Name of Person Filing

Debra M Timko

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Milwaukee Western BankTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 6002 W Capitol DrCity MilwaukeeState WI ZIP Code + 4 53216

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Banking Services

11.b. Approximate dollar value of such dealing.

\$3 million

12.a. Nature of interest held or income received.

1. 20.04 Lunch \$20.00

12.b. Amount.

20.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Debora M Timko

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Income Life Insurance CoTrade Name, if any: P.O. Box, Bldg., Room No., if any Street N88 W17015 MainCity Menomonee FallsState WI ZIP Code + 4 53051

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Providers of Insurance to Members11.b. Approximate dollar value of such dealing. \$ 0

12.a. Nature of interest held or income received.

4.1.04 Lunch 25.007.28.04 Dinner 50.0010.22.04 Dinner 40.00

12.b. Amount.

\$115.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.